## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/535162

|  |  | OL AUTO                                   | . O. E.II. E.D.   |                               |                     |                               |       |                   | <del></del>            |                     | <del></del>         |                        |
|--|--|---|---|-------------------------------|---------------------|-------------------------------|-------|-------------------|------------------------|---------------------|---------------------|------------------------|
|  |  | CLAIMS A                                  | (Column 1)  |                               |                     | Column 2)                     |       | SMALL ENTITY TYPE |                        | OR                  | OTHER<br>SMALL E    | •                      |
| U.S. NATIONAL STAGE FEES   |  |   | (committy)  |                               | <u> </u>            | Column 2)                     | 1     | RATE              | FEE                    | I                   | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT.  | . = \$ 150                    | LARC                | SE ENT. = \$ 300              | 1     | BASIC FEE         | 150                    | OR                  | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT A   |                               |                     | her situations =              |       | EXAM. FEE         |                        |                     | EXAM, FEE           | <del> </del>           |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 /\$ 100<br>ALL other countries =<br>\$ 200 /\$ 400 |                               | All of              | her situations = 250 / \$ 500 |       | SEARCH FEE        | 50                     |                     | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =   |                               |                     | / 50 =                        |       | X \$ 125 =        |                        |                     | X \$ 250 =          |                        |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | gy mir  | nus 20 =                      | • 2                 | <u> </u>                      |       | X \$ 25 =         | 50                     | OR                  | X \$ 50 =           |                        |
| IŅD  | EPENDENT CL                                    | AIMS                                      | 4 m   | inus 3 =                      | • 1                 |                               |       | X \$ 100 =        | 100                    | OR                  | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT   | 0                             |                     |                               |       | + \$ 180 =        |                        | OR                  | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |                               |                     | •                             | TOTAL | 450               | OR                     | TOTAL               |                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |   |                               |                     |                               |       | SMALL E           | NTITY                  | OR                  | OTHER<br>SMALL E    |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIC<br>PAID |                     | PRESENT<br>EXTRA              |       | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI:<br>TIONÁL<br>FEE |
|  | Total <sup>*</sup>                             | *   | Minus   | **                            |                     | =                             |       | X \$ 25 =         |                        | OR                  | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus   | ***                           |                     | =                             |       | X \$ 100 =        |                        | OR                  | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |   |   |                               | CLAIM               |                               |       | + \$ 180 =        |                        | OR                  | + \$ 360 =          |                        |
| TOTAL ADDIT. FEE   |  |   |   |                               |                     |                               |       |                   | OR                     | TOTAL ADDIT.<br>FEE |                     |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |   |                               |                     |                               |       |                   |                        |                     |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA              |       | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus   | **                            |                     | =                             |       | X \$ 25 =         |                        | OR                  | X \$ 50 =           | ·                      |
|  | Independent                                    | *   | Minus   | ***                           |                     | =                             |       | X \$ 100 =        |                        | OR                  | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                     |                               |       | + \$ 180 =        |                        | OR                  | + \$ 360 =          |                        |
| TOTAL ADDIT. FEE   |  |   |   |                               |                     |                               |       |                   |                        | OR                  | TOTAL ADDIT.<br>FEE |                        |
|  |  |   |   |                               | *                   |                               |       |                   |                        |                     |                     |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.